

An Paper Read March 13

1824

W. S. H

Inaugural Dissertation

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On

Pleuritis.

By

Nimmo Morris

of Virginia

1. *Chrysomelidae*

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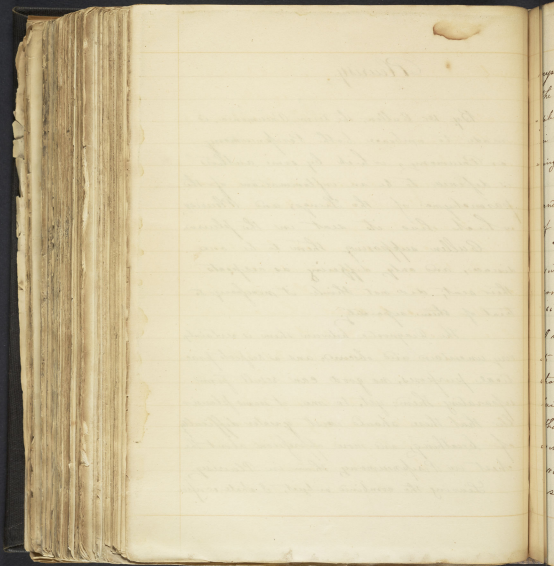
Pleurisy.

By Mr. Cullen, the term *Pneumonia*, is made to embrace both *Peripneumony* or *Pneumony*; which by some authors is defined to be an inflammation of the *parenchyma* of the *Lungs*; and *Pleurisy*, which has its seat in the *pleura*.

Cullen supposing them to be one disease, and only differing as respects their seat, did not think it necessary to treat of them separately.

The *Diagnosis* between them is certainly very uncertain and obscure, and as respects practical purposes, no good can result from separating them; yet, to me, it seems plausible that there should exist greater difficulty of breathing, and more oppression about the chest in *Peripneumony*, than in *Pleurisy*.

Leaving the combined subject, I shall confine

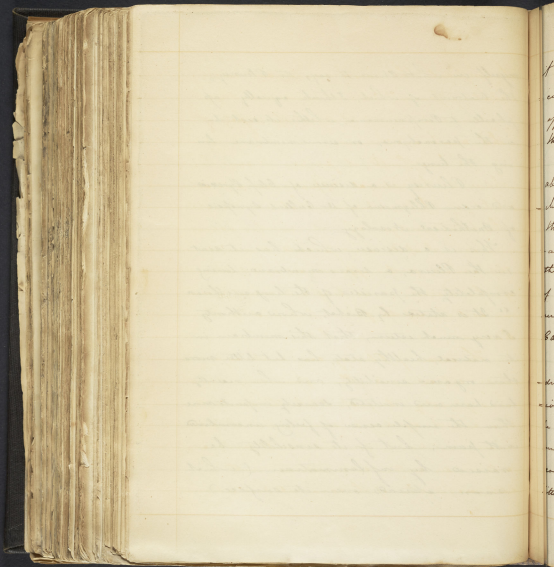


myself in what I have to say, to Pleurisy;
the treatment of which, I think equally ap-
- plicable to Peripneumonia, whether it seat be
in the parenchyma, or serous membrane lin-
- ing the lungs.

Pleurisy is a disease of Clap, Pyrexia
and acute Phlogosia of the Cellular Synovial
of Methodical Nosology.

This is a disease which has its seat
in the Pleura, a serous membrane, lining
completely the parietes of the lungs and thorax.

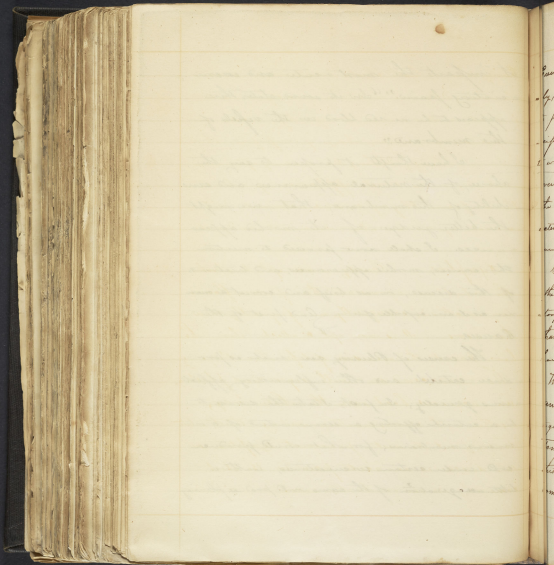
"It is stated by Richat, whose authority
I very much esteem, that this membrane in
its natural, healthy state, has but little more
than organic sensibility, and when recently
laid bare and irritated, scarcely imparts more
than the simple sense of feeling, uncombined
with pain; but if its sensibility be
raised by inflammation (which
soon spreads over its surface.)



it imparts the most acute and excruciating pain." "In its sound state there appears to be no red blood in the vessels of this membrane."

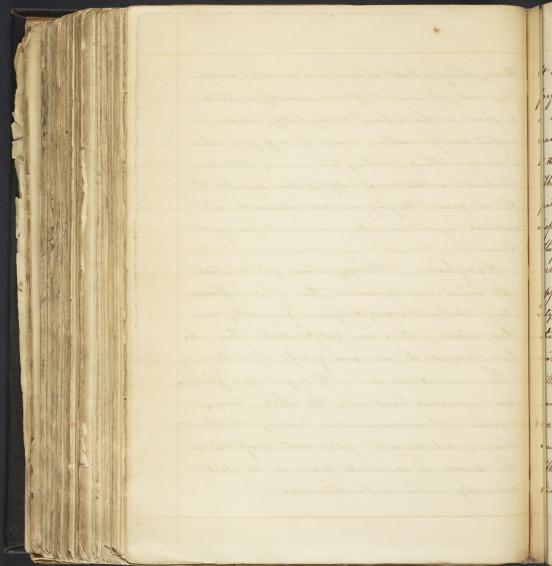
I have thought it proper to say the above, of the natural appearance and sensibility of this membrane, that you might the better judge of its morbid appearances. I shall now proceed to mention the causes, morbid appearances, and treatment, of this disease, in as brief and correct a manner as I am capable of. And first of the Causes.

The causes of Pleurisy are such as produce catarrh and other inflammatory affections generally. In fact, I take the disease to be a catarrh affecting a serous, instead of a mucous membrane; for what would produce cold under certain circumstances, with a little exaggeration of the same would produce pleurisy.



Every thing which checks perspiration sudden-
ly, and determines the fluids inwardly, is liable
to produce this disease; consequently, sudden vi-
cissitudes of weather, change of dress from thin
to warm clothing, cooling too suddenly after being
overheated, or the direct application of cold to
the surface. Playing on wind instruments and
external injuries are also enumerated among the
causes.

Symptoms. Pleurisy is more apt to attack
the robust and vigorous and those of an inflamma-
tory diathesis; consequently, more frequently, men
than women. It is more apt to attack those who
have passed the meridian of life than the young.
The disease comes on with rigors and flushing,
an increased heat over the whole body,
together with nausea, sometimes vomiting, thirst, white
tongue; but the most prominent symptom in
this disease is an acute pain in the chest
commonly in one or the other side, sharply cutting,



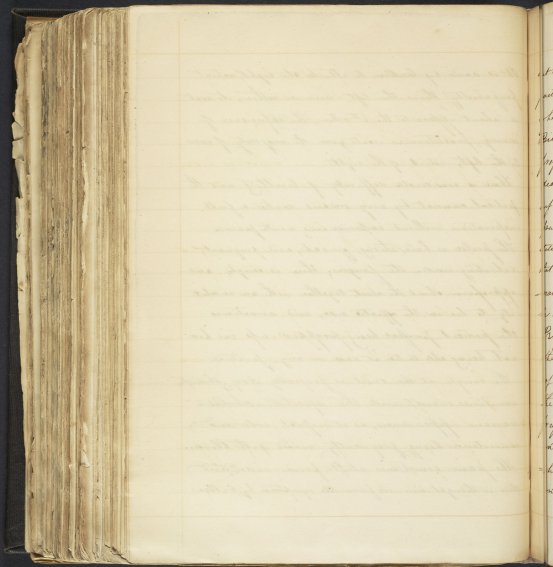
It is said by Gallien, to attack the right, more frequently than the left, and in either, its seat is about opposite the 6th rib. The experience of many practitioners would give the majority of cases to the left, instead of the right.

There is considerable difficulty of breathing and the patient cannot by any means make a full inspiration without experiencing acute pains.

The pulse is hard, strong, quick, and frequent, vibrating under the fingers, there is cough, and oppression about the chest, together with an inability to lie on the affected side, and sometimes the patient prefers being propped up in bed, not being able to lie at ease in any posture.

The cough at the onset is generally dry, though sometimes moist, and the sputa exhibit various appearances, as it respects color and consistence being frequently mixed with blood.

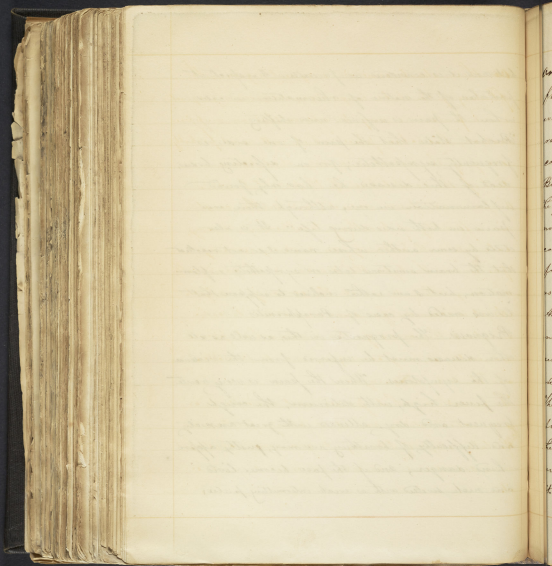
The pain sometimes shifts from side ^{to side}, and this is thought an unfavorable symptom by Gallien.



but now it is considered as favorable. I suspect it
partakes of the nature of rheumatism in cases
where the pain is unfixed and shifting

"Richeat states that the pain of one side is
frequently sympathetic; for on dissecting brains,
dead of this disease he has only found
inflammation in one, although there was
pain in both sides during life." It is also
stated by some author whose name I do not recollect
that the brain sometimes takes on sympathetic inflam-
mation, but I am rather inclined to suppose that
he was misled by cases of Paraphrenitis

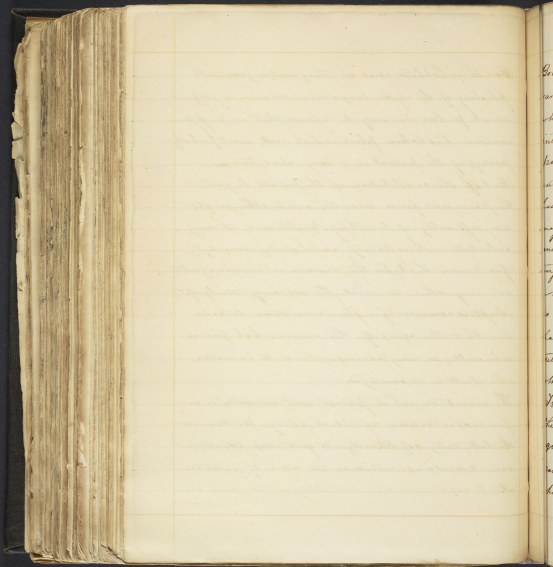
Prognosis. The prognosis in this, as well as all
other diseases must be inferred from the violence
of the symptoms. When the pain is very acute
the fever high, with delirium, the cough
frequent and dry, attended with great anxiety
and difficulty of breathing we may, pretty approx-
-imate danger, and if the face becomes livid
and much swelled with a weak intermitting pulse;



As there should come on frequent rigors, with
flushing of the cheeks, languid countenance, a frequent
weak pulse, we may be assured that an empyem-
-ation has taken place which will most probably
carry off the patient in a very short time.

But if the constitution of the patient be good,
the pain and fever moderate, and neither cough
nor difficulty of breathing troublesome, we may
calculate with certainty on a speedy recovery,
for under this type the disease is as manageable
as any other to which the economy is subject.
As it is common for some evacuation to come
on about the crisis of this disease, which proves
serviceable, so, any coming on, will be favorable,
and should be encouraged.

The evacuation which proves most serviceable is an
free expectoration, and it is always proper in
the latter stage of Pleurisy to give some expectorant
and demulcent medicine in order to produce
it.



Bodies who have died of this disease exhibit various morbid appearances, the most common of which are adhesions of the lung to the ribs and intercostal muscles; effusions of blood into the parenchyma of the lung; abscesses; an effusion of seropurulent matter, which has the appearance of untrained whey, and may be considered the precursor to the wrong membrane. The pleura exhibits an irregularly tinged and inflamed appearance throughout its whole extent, and a layer of coagulable lymph is spread over the inflamed surface, which has the name of false membrane. Abscesses and tubercles are also found, together with various other morbid appearances.

Treatment. In the first stages of Pleurisy, the main anchor of our hopes is the lancet, giving due consideration to the symptoms, constitution, age and habits of the patient, we should continue to use it boldly, until some considerable

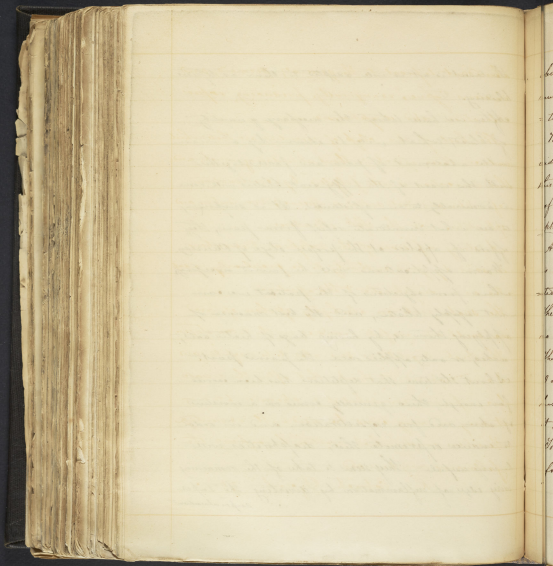
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gradual abatement of pain and fever comes on.
As to the precise quantity that should be taken;
it is out of our power to say on paper;
for the symptoms must govern the practitioner.
In a severe case attacking a good constitution
- on 30th for the first bleeding just after he re-
- ceives and to have a good effect the blood
should come out in a hot stream and by that
means take a large quantity in a short time.
As the disease is apt to end in effusion of
blood into the lungs or in suppuration between
the 11th and 12th day, it will be frequently our
duty in order to prevent this, to repeat the bleeding
several times; yet, the appearance of the blood, the
pulse, the pain and difficulty of breathing must
limit the quantity taken. We should towards the
last, substitute leeches and cups for the lancet,
for after inflammation has existed any length
of time the minute vessels become so involved,
and being almost or quite independant of the
heart

the lancet is not so well adapted to them as arterial bleeding.

After we have taken the necessary quantity of blood, which will be shown by a measure of the abatement of pain and fever together with the want of the buffy coat, blisters will come in admirably to our assistance. It is surprising to see what immediate relief from pain they afford if applied at the proper stage of Pleurisy.

Warm applications will be found necessary where from objections of the patient we cannot apply blisters, and the best manner of applying them is, by having bags of heated salt, ashes, or oats, applied over the pained part. About the time that depletion has been carried far enough, there generally comes on a morbus of skin and free expectorations, and in order to induce or promote this, diaphoretics will be very useful. They seem to take of the remaining X
very edges of inflammation by diverting the super-
superabundant



abundant topical to the general, dermoid, and
mucous tissues; consequently, producing copious
= tention and diaphoresis.

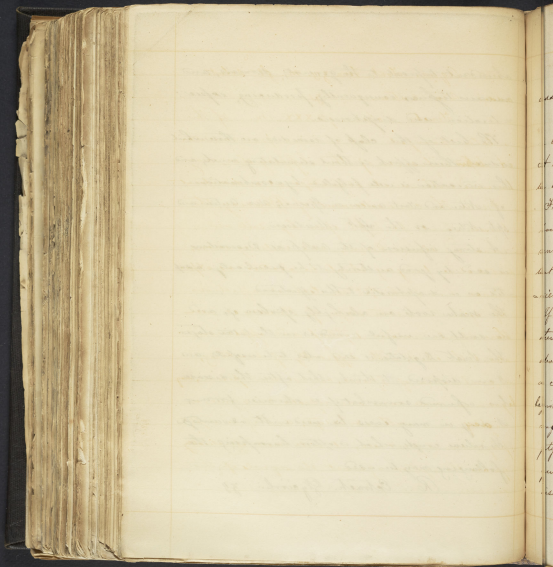
The best of this class of remedies are those which
aid their efforts without stimulating much, and
this indication is well fulfilled by a combination
of Nitre and Tart. antem or Spence's Nitr. Antem and
spt. Nitro, or the Spt. Mindereri.

A strong infusion of the Asclepias Decumbens
is said by good authority to be peculiarly ad-
apted as a diaphoretic to the affection.

The snake roots are also highly spoken of, and
no doubt are useful remedies in the latter stages.

The Tinct. Digitalis is said also to be useful, and
I am disposed to think that after the disease
has assumed somewhat of a chronic form
it may in many cases be used with advantage.
Its saline crust, which is often harassing the
following may be used

R. Extract. Glycirr. ʒij



Agua. Font. Ferr. ʒij. m. ft. solut.
add. Vin. antem. ʒi

Tinct. . . opii. ꝑ℥XXX. M. of this
a table spoonful may be taken per se or water
A ~~stagnant~~ infusion of the slippery elm, may
be used with much advantage as a demulcent
From the commencement of Pleurisy, the
bowels should be kept open by salts and
enna or Alum. Resini, and mild injections,
but active purging should be avoided as expe-
rience has forbid^{den} it in Pectoral affections
If after the acute stage of Pleurisy is over
there should remain tightness and oppression
about the chest, with difficulty of breathing,
a combination of Speccar, Colonal and opium, may
be given in small doses and repeated 3 or 6 times a
day, ~~gives~~ with advantage; and if a slight
ptyalism is produced, it will more effectually
guard the system against the sequelae of this
disease

Regimen. During the progress of Pleurisy
the diet should consist of arrow root, sago,
tapioca or barley, &c; carefully avoiding
animal food and spirituous liquors.

The drink may consist of lemonade, toast, or
apple water taken moderately tepid.

